

OPERATING ENGINEERS LOCAL 825 PENSION FUND

STATE TAX WITHHOLDING FORM



State Tax Withholding for Pension Payments

If you wish to voluntarily start withholding State Income Tax from your pension payment, change the amount currently withheld, or stop withholding, please complete the form below and return to:

Operating Engineers Local 825 Pension Fund
65 Springfield Ave, 2nd Floor
Springfield, New Jersey 07081
Fax: (973) 774-1305 | E-Mail: pension@825funds.org

Note: Your State for withholding purposes will be your State of residence. Consult your tax professional for advice on tax withholding. Incomplete forms will not be processed. If no form is on file, withholding will default to Married with 3 Allowances.

Certificate of Voluntary Withholding for State Income Tax

Payee Name, SSN: _____

Address: _____

City, State, Zip: _____

Phone, Cell, E-Mail: _____

1. _____ Check here if you do not want any state income tax withheld from your pension. (Don't complete line 2, 3 or 4.)
2. _____ Check here to withhold a flat amount \$ _____ or percentage _____% from each pension payment. (Don't complete line 3 or 4.)
3. _____ Check here for total number of allowances _____ and marital status _____ (Single, Married)
4. _____ Check here for an additional amount, if any, you want withheld from each pension payment. (Note: you can't enter an amount here without entering the number (including zero) of allowances on line 3.) \$ _____ or _____%

Payee Signature: _____

Date: _____